2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000072007

Entity Name: AVATAR SOLUTIONS L.L.C.

Current Principal Place of Business:

2600 NW 87 TH AVE
SUITE #30
DORAL, FL 33172

New Principal Place of Business:

1750 N.E. 191 ST.
427
MIAMI, FL 33179

Current Mailing Address:

950 SW 153 CT
MIAMI, FL 33194

New Mailing Address:

1750 N.E. 191 ST.
427
MIAMI, FL 33179

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TORO, RAUL E
950 SW 153 CT
MIAMI, FL 33194 US

Name and Address of New Registered Agent:

QUICENO, SYFFER A
1750 N.E. 191 ST.
427
MIAMI, FL 33179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SYFFER QUICENO 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: QUICENO, SYFFER A
Address: 1750 NE 191 ST #427
City-St-Zip: MIAMI, FL 33179

Title: MGR (X) Delete
Name: TORO, RAUL E
Address: 950 SW 153 CT
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: QUICENO, SYFFER A
Address: 1750 NE 191 ST #427
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SYFFER QUICENO D 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date